

Posting PATIENT PAYMENT

1

DentiMax - Default Data
 File Edit Lists Activities Help

DentiMax

Patient List - Bob Sr. Test

Head of Household: _____ Assigned Provider: _____
 Last Name: _____ First Name: _____
 Default Primary Insurance: _____ Birth Date: _____
 Mobile: _____

Search: _____ Search by: Chart Number View: Patient List

Chart Nu...	Last Name	First Name	Language	Gender	Birth Date	Preferred Contact Method	Home Phone	Work Phone	Mobile	E-mail	Default Primary
TESB0000	Test	Bob Sr.		M	1/1/1969				(458) 453-2456 5		UNI01
TESB0001	Test	Timmy		M	1/1/2011				5555555555	test@test	
TESDE000	Test	Dentimax	English	F	5/27/1990		5555555555		888-888888		AET00
TESDU000	Test	Dummy		F	1/1/2001				888-888888		AET00
TESSH000	Test	Sunny		F	1/1/2011		(484) 848-4484		988-8888		AET00
TESTE000	Test	Test	Creole	U	8/15/1996	Text	8007048494		4808251875	tiffanye@dentimax.com	AME01
TESTE001	Test	Testy		F	1/1/2001				(888) 888-8888		AET00
TESTE002	Test	Testy B		F	1/1/2001				(888) 888-8888		AET00
TESTE003	Test	Testy C		F	1/1/2001				(888) 888-8888		AET00
WEAWI000	Weather	Windy		F	1/1/2001				(545) 854-5525		AET00

2 Select patient from patient list

DentiMax Patient List - Bob Sr. Test

General: Head of Household: _____ Assigned Provider: _____
 Last Name: _____ First Name: _____
 Default Primary Insurance: _____ Birth Date: _____
 Mobile: _____

Modify Data: Search: _____ Search by: Chart Number View: Patient List

Chart Nu...	Last Name	First Name	Language	Gender	Birth Date	Preferred Contact Method	Home Phone	Work Phone	Mobile	E-mail	Default Primary
TESBO000	Test	Bob Sr.		M	1/1/1969				(458) 453-2456 5		UNI01
TESBO001	Test	Timmy		M	1/1/2011				(454) 845-5542		UNI01
TESDE000	Test	Dentimax	English	F	5/27/1990		5555555555		5555555555	test@test	
TESDU000	Test	Dummy		F	1/1/2001				888-888888		AET00
TESSH000	Test	Sunny		F	1/1/2011		(484) 848-4484		988-8888		AET00
TESTE000	Test	Test	Creole	U	8/15/1996	Text	8007048494		4808251875	tiffanye@dentimax.com	AME01
TESTE001	Test	Testy		F	1/1/2001				(888) 888-8888		AET00
TESTE002	Test	Testy B		F	1/1/2001				(888) 888-8888		AET00
TESTE003	Test	Testy C		F	1/1/2001						
WEAWI000	Weather	Windy		F	1/1/2001				(545) 854-5525		AET00

3 From the left menu, click View Ledger

DentiMax Patient List - Testy B Test

General: Head of Household: _____ Assigned Provider: _____
 Last Name: _____ First Name: _____
 Default Primary Insurance: _____ Birth Date: _____
 Mobile: _____

Modify Data: Search: _____ Search by: Chart Number View: Patient List

Chart Nu...	Last Name	First Name	Language	Gender	Birth Date	Preferred Contact Method	Home Phone	Work Phone	Mobile	E-mail	Default Primary
TESBO000	Test	Bob Sr.		M	1/1/1969				(458) 453-2456 5		UNI01
TESBO001	Test	Timmy		M	1/1/2011				(454) 845-5542		UNI01
TESDE000	Test	Dentimax	English	F	5/27/1990		5555555555		5555555555	test@test	
TESDU000	Test	Dummy		F	1/1/2001				888-888888		AET00
TESSH000	Test	Sunny		F	1/1/2011		(484) 848-4484		988-8888		AET00
TESTE000	Test	Test	Creole	U	8/15/1996	Text	8007048494		4808251875	tiffanye@dentimax.com	AME01
TESTE001	Test	Testy		F	1/1/2001				(888) 888-8888		AET00
TESTE002	Test	Testy B		F	1/1/2001				(888) 888-8888		AET00
TESTE003	Test	Testy C		F	1/1/2001						
WEAWI000	Weather	Windy		F	1/1/2001				(545) 854-5525		AET00

4 Click Add Pat Payment

DentiMax - Default Data
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DentiMax

Ledger (Test, Testy B)

General: Patient: TESTE002, Test, Testy B

Transactions: Add Pat Payment/Adj

Billing Information:

Charges:	75.00	Primary	Individual	Family
Adjustments:	0.00	Balance	75.00	75.00
Ins 1:	None	0.00	...	...
Ins 2:	None	0.00	...	...
HOH:	Test, Testy B	75.00	...	...
Total:	75.00	...	...	...

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	23	7/8/2025	Testy B	D0220	intraoral - periapical first radiographi	TES00			20.00	Completed	0.00	0.00	0.00	0.1
0	23	7/8/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00			55.00	Completed	0.00	0.00	0.00	0.1

5 Select type of payment from dropdown menu

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Patient Payment Entry

Payment From: TESTE002, Test, Testy B
Payment Date: 7/8/2025

Payment Code: PATCASH Patient Cash Payment

Payment Amount: PATDISCOV Patient Discover Card Payment

Adjustment Code: REFUND Refund to patient via credit card

Charges at:

Date	Name	Billing Code	Th	Surf	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Print Today	Adj Today
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

6 Enter payment dollar amount

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Patient Payment Entry

Payment From: TESTE002 Test, Testy B Card Payment ...
 Save Card Info

Payment Date: 7/8/2025

Payment Code: PATCASH Patient Cash Payment Check No.:

Patient Est Due: 75.00 < Pay This Amount
 Account Balance: 75.00 < Pay This Amount
 Payment Amount:
 Distributed Pmt: 0.00

Adjustment Code: PATADJ Adjustment Adjust All to 0

Total Adjustment:

Hide zero balance Charges Show Family Charges
 Hide Pending Ins Charges Only Show Billing: _____
 Show only Today's Charges Hide Items with a Credit Balance

Date	Name	Billing	Code	Tth	Surf	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Today	Adj Today
7/8/2025	Testy B	23	D0140			TES00	55.00				55.00			55.00	0.00	55.00		
7/8/2025	Testy B	23	D0220			TES00	20.00				20.00			20.00	0.00	20.00		

7 Payment will auto distribute where balance is due.

You can make changes to where the payment is applied if needed by clicking in the Pmt Today box and making changes as needed

Patient Payment Entry

Payment From: TESTE002 Test, Testy B Card Payment ...
 Save Card Info

Payment Date: 7/8/2025

Payment Code: PATCASH Patient Cash Payment Check No.:

Patient Est Due: 75.00 < Pay This Amount
 Account Balance: 75.00 < Pay This Amount
 Amount: 75
 Distributed Pmt: -75.00

Adjustment Code: PATADJ Adjustment Adjust All to 0

Total Adjustment:

Hide zero balance Charges Show Family Charges
 Hide Pending Ins Charges Only Show Billing: _____
 Show only Today's Charges Hide Items with a Credit Balance

Name	Billing	Code	Tth	Surf	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Today	Adj Today
Testy B	23	D0140			TES00	55.00				55.00			55.00	0.00	55.00	-55.00	
Testy B	23	D0220			TES00	20.00				20.00			20.00	0.00	20.00	-20.00	

8

The Distributed Pmt should equal your total Payment Amount and will show as green; meaning balanced

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Patient Payment Entry

Payment From: TESTE002 Test, Testy B Card Payment ...
 Payment Date: 7/8/2025 Save Card Info
 Payment Code: PATCASH Patient Cash Payment Check No.:

Patient Est Due: 75.00 < Pay This Amount
 Account Balance: 75.00 < Pay This Amount
 Payment Amount: 75
 Distributed Pmt: 75.00

Adjustment Code: PATADJ Adjustment Adjust All to 0

Total Adjustment:

Hide zero balance Charges Show Family Charges
 Hide Pending Ins Charges Only Show Billing:
 Show only Today's Charges Hide Items with a Credit Balance

Date	Name	Billing Code	Tth	Surf	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Today	Adj Today
7/8/2025	Testy B	23	D0140		TES00	55.00				55.00			55.00	0.00	55.00	-55.00	
7/8/2025	Testy B	23	D0220		TES00	20.00				20.00			20.00	0.00	20.00	-20.00	

9

Click Save Changes

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Patient Payment Entry

Payment From: TESTE002 Test, Testy B Card Payment ...
 Payment Date: 7/8/2025 Save Card Info
 Payment Code: PATCASH Patient Cash Payment Check No.:

Patient Est Due: 75.00 < Pay This Amount
 Account Balance: 75.00 < Pay This Amount
 Payment Amount: 75
 Distributed Pmt: -75.00

Adjustment Code: PATADJ Adjustment Adjust All to 0

Total Adjustment:

Hide zero balance Charges Show Family Charges
 Hide Pending Ins Charges Only Show Billing:
 Show only Today's Charges Hide Items with a Credit Balance

Date	Name	Billing Code	Tth	Surf	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Today	Adj Today
7/8/2025	Testy B	23	D0140		TES00	55.00				55.00			55.00	0.00	55.00	-55.00	
7/8/2025	Testy B	23	D0220		TES00	20.00				20.00			20.00	0.00	20.00	-20.00	

10

You will see on the ledger each line item that was paid with the posted payment and the balance per line.

Billing Information

Est Due	Charges:	75.00	Primary	Individual	Family
Ins 1: None 0.00	Adjustments:	0.00	Balance	0.00	0.00
Ins 2: None 0.00	Ins Pmts:	0.00	Std Ded	...	...
HCH: Test, Testy B 0.00	Patient Pmts:	-75.00	Priv Ded	...	...
	Total:	0.00	Other Ded	...	...
			Ins 1 Used	...	...
			Ins 1 Max	...	...

Current: 0.00 | 30 days: 0.00 | 60 days: 0.00 | 90+ days: 0.00

Header	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance 2 Paid	Note
23	7/8/2025	Testy B	D0220	intraoral - periapical first radiographi	TES00			20.00	Completed	0.00	-20.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
23	7/8/2025	Testy B	PATCASH	Patient Cash Payment	TES00			-20.00	Completed	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	
23	7/8/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00			55.00	Completed	0.00	-55.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
23	7/8/2025	Testy B	PATCASH	Patient Cash Payment	TES00			-55.00	Completed	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	

11

To print the patient a receipt from their current days visit; on the left menu click Print Walk-Out

Print Menu:

- New Transaction
- Delete Transaction
- Use a Multicode
- Post From Treatment...
- Adjust Deductible
- Adjust Benefits Used
- Enter a Payment
- Add Pat Payment/Adj
- New Insurance Pay...
- Add Ledger Note
- Issue a Patient Refund
- Other Information
- View Details
- View Billing Options
- View Chart
- View Prescriptions
- Claim Information
- Create Claim
- Print
- Print Walk-Out**
- Print Family Walk-Out
- Print Statement
- Print Family Statem...
- Print Ledger
- Print Family Ledger

Billing Information

Est Due	Charges:	0.00	Primary	Individual	Family
Ins 1: None 0.00	Adjustments:	0.00	Balance	0.00	0.00
Ins 2: None 0.00	Ins Pmts:	0.00	Std Ded	...	...
HCH: Test, Testy B 0.00	Patient Pmts:	-75.00	Priv Ded	...	...
	Total:	0.00	Other Ded	...	...
			Ins 1 Used	...	...
			Ins 1 Max	...	...

Current: 0.00 | 30 days: 0.00 | 60 days: 0.00 | 90+ days: 0.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	23	7/8/2025	Testy B	D0220	intraoral - periapical first radiographi	TES00			20.00	Completed	0.00	-20.00	0.00	0.00
0	23	7/8/2025	Testy B	PATCASH	Patient Cash Payment	TES00			-20.00	Completed	0.00	0.00	0.00	0.00
0	23	7/8/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00			55.00	Completed	0.00	-55.00	0.00	0.00
	23	7/8/2025	Testy B	PATCASH	Patient Cash Payment	TES00			-55.00	Completed	0.00	0.00	0.00	0.00

12 Select Walkout Statement

		INS 1 MAX														
		Current	30 days	60 days	90+ days											
		0.00	0.00	0.00	0.00											
Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance 2 Paid	Note	Entered
725	Testy B	D0220	intraoral - periapical first radiographi	TES00		20.00	Completed	0.00	-20.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2150
725	Testy B	PATCASH	Patient Cash Payment	TES00		-20.00	Completed	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>		2150
725	Testy B	D0140	limited oral evaluation - problem focuse	TES00		55.00	Completed	0.00	-55.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2150
725	Testy B	PATCASH	Patient Cash Payment	TES00		-55.00	Completed	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>		2150

Choose a Report X

Print To Printer v

Choose Report Format: v

Print Preview	Name	Modified
<input checked="" type="checkbox"/>	Walkout Statement Classic	1/31/2020 4:08:00 PM

Only Show Favorite Reports Cancel OK

13 Click "OK"

		INS 1 MAX														
		Current	30 days	60 days	90+ days											
		0.00	0.00	0.00	0.00											
Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance 2 Paid	Note	Entered by
y B	D0220	intraoral - periapical first radiographi	TES00			20.00	Completed	0.00	-20.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2150
y B	PATCASH	Patient Cash Payment	TES00			-20.00	Completed	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>		2150
y B	D0140	limited oral evaluation - problem focuse	TES00			55.00	Completed	0.00	-55.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2150
y B	PATCASH	Patient Cash Payment	TES00			-55.00	Completed	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>		2150

Choose a Report X

Print To Printer v

Choose Report Format: v

Print Preview

Only Show Favorite Reports Cancel OK

14

A statement will generate showing services and payments made for current day.

You can print to your local printer to give to patient

1	07/08/2025	D0220	intraoral - periapical first radiographi		
2	07/08/2025	D0140	limited oral evaluation - problem focuse		
					Tc
Today's Payments					
Date	Payment Type				
07/08/2025	Patient Cash Payment				
	07/08/2025	D0140	limited oral evaluation - problem focuse		
	07/08/2025	D0220	intraoral - periapical first radiographi		
					Unapplied Amo
					Tc
					Today's Balan
					Patient Balan

Page 1 of 1